ACT and MI: Lessons from a Combined Group Intervention

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VA Maryland Health Care System

ACBS World Conference XI, Symposium 60
Overview

- Rationale for combining ACT & MI
- Combined Group
  - Setting & Objectives
  - Design
  - Participants
  - Outcomes
- Lessons Learned
- Future Directions
ACT and MI Similarity

- Shared foundation of a collaborative therapy relationship marked by empathy and not engaging in a struggle

Bricker & Tollison, 2011; Wagner & Ingersoll, 2012; Miller & Rollnick, 2012
ACT & MI as Complementary

- Acceptance and Compassion
  - MI: therapist stance toward client
  - ACT: therapist stance toward client and self, and client toward self

- Language
  - MI: focus on language content to elicit “change talk” and commitment
  - ACT: focus on language processes to facilitate acceptance of difficult thoughts, feelings, and sensations

- Values
  - MI: as a means to an end
  - ACT: as a means and the end

Bricker & Tollison, 2011; Miller & Rollnick, 2012
Combining ACT and MI

- Sequential approach
  - The simple, direct, eliciting focus of MI may not be sufficient to produce change; third-wave therapies as complementary and consistent (Wagner & Ingersoll, 2012).

- Greater than the sum
  - Blending the communication approaches may enhance psychological processes targeted by both interventions (e.g., OARS and metaphors) (Bricker & Tollison, 2011).

- For the therapist
  - MI to enhance therapist stance and language; ACT to develop therapist’s own psychological flexibility (Gillanders, 2011).
The ACT Program

- Intensive Outpatient Program within the Baltimore VA Medical Center Substance Abuse Treatment Program
- 12-week program, includes 2 phases
- Runs in 5-week cycles that include weekly, experiential ACT-based themes, mindfulness-based relapse prevention, and small interpersonal process groups
- Abstinence-focused
Group Objectives

- Some veterans present to the ACT Program with high readiness to abstain from one substance, but low readiness for total abstinence from drugs and alcohol.
  - A new group that is both ACT-consistent and designed to enhance motivation for abstinence may be helpful for this subset of ACT Program Veterans.
  - The Acceptance and Commitment/Motivational Enhancement (A.C.M.E.) Group emerged.
ACME Group Design

- Four phases that parallel individual MI:
  - Engaging the group
    - Interconnectedness and universality
  - Exploring perspectives
    - Willingness to discuss pros and cons
    - Focus on the present and acknowledge suffering
  - Broadening perspectives
    - Attend to guidance, goals, emotions, meaning, values clarification
    - Stages of Change and Ready-Willing-Able models/heuristics
  - Moving into action

DiClemente & Velasquez, 2002; Wagner & Ingersoll, 2013
Transtheoretical Model and the Stages of Change

Cognitive/experiential processes of change associated with pre-action stages, and Behavioral processes associated with action-oriented stages.

Prochaska, DiClemente, & Norcross, 1992; Carbonari & DiClemente, 2000
<table>
<thead>
<tr>
<th>ACT Program Weekly Themes</th>
<th>ACME Session Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Workability</td>
<td>1. Relationships &amp; Context</td>
</tr>
<tr>
<td>2. Willingness/Acceptance</td>
<td>2. Pros &amp; Cons / Comfort &amp; Discomfort</td>
</tr>
<tr>
<td>3. Defusion</td>
<td>3. Stages of Change</td>
</tr>
<tr>
<td>4. Values</td>
<td>4. Values</td>
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<tr>
<td>5. Committed Action</td>
<td>5. Preparation for Action</td>
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</tbody>
</table>
A “Running” ACME Metaphor

- Why is it that we all can relate to this cartoon?
  - ACT: humans continually chasing pleasure or avoiding pain
  - MI: more literal “chasing” of a drug or high
- In what ways are you like Wile E. Coyote?
  - How? When? What are your “ACME tools” or control strategies? Will you ever “run out” of tools?
A “Running” ACME Metaphor

- What might the coyote experience, and be free to do, if he were to drop the struggle?
- Values
  - Slowing down and experiencing vitality.
- Committed Action and Confidence
  - MI: “I can DO this.”
  - ACT: “I can FEEL whatever comes up as I do this.”
Referrals & Engagement

• Group participants were Veterans from both phases of the ACT program referred by individual case manager.

• ACME group as an “add-on”/adjunct to current IOP schedule.

• November 2012 – May 2013:
  • 23 Veterans referred to ACME
    • 5 Veterans did not attend group
    • 6 Veterans attended 1 session
    • 7 Veterans attended 2-4 sessions
    • 5 Veterans completed all 5 sessions
Group Participants

- 18 Veterans participated in pilot phase of ACME group:
  - 17 (94%) Male
  - 16 (89%) Black/African American
  - Mean age 50.47 (SD 9.87), range 29 – 64
  - 11 (61%) in IOP Phase 1

- Substances (7 dual/poly):
  - 18 alcohol
  - 6 cocaine
  - 4 cannabis
  - 2 heroin
  - 1 methamphetamine
  - 1 benzodiazepine
## Evaluation Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Items</th>
<th>Reliability Cronbach’s α</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance and Action Questionnaire II (AAQ-II)</td>
<td>7</td>
<td>.84 (.78–.88)</td>
</tr>
<tr>
<td>University of Rhode Island Readiness to Change Assessment (URICA) – Alcohol Use</td>
<td>24</td>
<td>Precontemplation = .75&lt;br&gt;Contemplation = .81&lt;br&gt;Action = .83&lt;br&gt;Maintenance = .86</td>
</tr>
<tr>
<td>Processes of Change (POC) – Alcohol Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experiential/Cognitive Processes subscale</td>
<td>20</td>
<td>Exp = .83&lt;br&gt;Beh = .78</td>
</tr>
<tr>
<td>Behavioral Processes subscale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Rhode Island Readiness to Change Assessment (URICA) – Illicit Drug Use</td>
<td>24</td>
<td>Precontemplation = .71&lt;br&gt;Contemplation = .71&lt;br&gt;Action = .69&lt;br&gt;Maintenance = .52</td>
</tr>
<tr>
<td>Processes of Change (POC) – Illicit Drug Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experiential/Cognitive and Behavioral subscales</td>
<td>20</td>
<td>Total 40-item scale = .87</td>
</tr>
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Belding et al., 1996; Bond et al., 2011; Carbonari et al., 1994; Tejero et al., 1997; VonSternberg, 2005
## Evaluation Outcomes

<table>
<thead>
<tr>
<th>Measure</th>
<th>Sample (N=15)</th>
<th>Group Completers (n=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>Baseline</td>
</tr>
<tr>
<td>AAQ-II</td>
<td>33.87 (8.45)</td>
<td>36.20 (9.04)</td>
</tr>
<tr>
<td>URICA - Alcohol</td>
<td>9.82 (1.92)</td>
<td>9.83 (2.92)</td>
</tr>
<tr>
<td>Behavioral POC - Alcohol</td>
<td>3.26 (0.96)</td>
<td>3.64 (0.87)</td>
</tr>
<tr>
<td>Experiential POC - Alcohol</td>
<td>3.19 (0.96)</td>
<td>3.68 (0.99)</td>
</tr>
<tr>
<td>URICA - Drugs</td>
<td>9.53 (2.71)</td>
<td>10.46 (3.15)</td>
</tr>
<tr>
<td>Behavioral POC - Drugs</td>
<td>2.61 (1.02)</td>
<td>2.88 (1.41)</td>
</tr>
<tr>
<td>Experiential POC - Drugs</td>
<td>2.43 (1.06)</td>
<td>3.00 (1.38)</td>
</tr>
</tbody>
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SD, standard deviation
Convergence of Processes

- Precontemplation
  - High Experiential Avoidance

- Contemplation/Preparation
  - Awareness of Values Discrepancy

- Action
  - Willingness
  - Defusion
  - Behavioral Activation

- Maintenance
  - Increasing patterns of values-consistent behavioral activation and willingness
Lessons Learned

- Commonalities or key differences?
  - Acceptance and Compassion
  - Values
  - Language

- Too soon to tell if ACT and MI combined serve to activate multiple processes of change with “value-added”
  - Motivation and readiness
  - Willingness to experience difficult thoughts, emotions, and internal experiences
  - Behavior change
Future Directions

• Both treatments emphasize that the facilitator not become “overly attached” to a group curriculum or plans:
  • Currently revising group content and process
  • Stronger emphasis on substance use behaviors and practical, individual applications and worksheets

• Research and evaluation
  • RCTs comparing ACT, MI, and combinations
  • Continue to design and evaluate applied groups

Wagner & Ingersoll, 2013
References


Recommended Books

- Motivational Interviewing: Third Edition
  - William R. Miller
  - Stephen Rollnick

- Mindfulness & Acceptance for Addictive Behaviors
  - Edited by Steven C. Hayes, PhD
  - Michael E. Levin, MA

- Motivational Interviewing in Groups
  - Christopher C. Wagner
  - Karen S. Ingersoll

- Group Treatment for Substance Abuse
  - Mary Marden Velasquez
  - Gaylyn Masser
  - Cathy Crouch
  - Carlo C. DiClemente
## Key Differences

<table>
<thead>
<tr>
<th>MI</th>
<th>ACT</th>
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<tbody>
<tr>
<td><strong>Philosophical basis:</strong></td>
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</tr>
<tr>
<td><em>Humanism</em></td>
<td><em>Functional contextualism</em></td>
</tr>
<tr>
<td><strong>Relevant theories:</strong></td>
<td><strong>Relevant theories:</strong></td>
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<tr>
<td><em>Self-Perception Theory</em></td>
<td><em>Relational Frame Theory</em></td>
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<tr>
<td><em>Speech Act Theory</em></td>
<td></td>
</tr>
<tr>
<td><em>Transtheoretical Model</em></td>
<td></td>
</tr>
<tr>
<td><strong>The problem:</strong></td>
<td><strong>The problem:</strong></td>
</tr>
<tr>
<td><em>Ambivalence</em></td>
<td><em>Avoidance</em></td>
</tr>
<tr>
<td><strong>The goal:</strong></td>
<td><strong>The goal:</strong></td>
</tr>
<tr>
<td><em>Reduce problem behaviors,</em></td>
<td><em>Values-consistent action</em></td>
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<tr>
<td><em>symptom reduction</em></td>
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</tbody>
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Bricker & Tollison, 2011; Wagner, Ingersoll, & Rollnick, 2012; Gillanders, 2011